

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/517186</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS								*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4		/						54					
5		/						55					
6		/						56					
7		/						57					
8		/						58					
9		/						59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14		/						64					
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16		/						66					
17		/						67					
18		/						68					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	/							TOTAL IND.					
TOTAL DEP.	<i>24</i>	←	←	←				TOTAL DEP.		←	←	←	
TOTAL CLAIMS	<i>25</i>	[QR]	[QR]	[QR]	[QR]			TOTAL CLAIMS	[QR]	[QR]	[QR]		